

Session 3 Speaker Handouts



Newcomers Health Program

- ✦ Over 25 years responding to refugees & immigrants health issues
- ✦ Collaboration between community based agencies and the San Francisco Department of Public Health
- ✦ Clinic-based programs
- ✦ Community-based programs
- ✦ Funding provided from CA Department of Health Services, Refugee Health Section



Overview of Newcomers Health Program

- ✦ **Settings:**
 - ✓ Refugee Medical Clinic at San Francisco General Hospital
 - ✓ Ocean Park Health Center
 - ✓ Chinatown Public Health Center
 - ✓ various non-profit & community sites





Overview of Newcomers Health Program

- ✚ Diversity among staff who speak Russian, Bosnian, Vietnamese, Spanish, Cantonese & Mandarin



Clinic-Based Services

- ✚ Refugee Health Assessment Program at San Francisco General Hospital
- ✚ Refugee Preventive Health Program at San Francisco General Hospital
- ✚ Medical Interpretation and Patient Education Services
- ✚ Health Workers play critical role in all these services



Health Worker Roles in the Health Assessment Process

Pre-health assessment:

- Contacting new arrivals
- Scheduling for health assessment
- Addressing transportation and other logistical issues



Health Worker Roles in the Health Assessment Process

Health assessment:

- Taking patient's health history
- Providing health education
- Checking vital signs, vision, hearing
- Interpreting during physical exam and nursing evaluation



Health Worker Roles in the Health Assessment Process

Post-health assessment:

- Assisting with follow up and referral services
- Tracking and follow up to ensure patients follow-up and address issues that may arise



Health Worker Roles Beyond Health Assessments

- Cultural and Linguistic Access:
 - Ongoing interpretation
 - HW act as patients advocate
 - HW are cultural brokers and educators for staff and providers



Health Worker Roles Beyond Health Assessments

- Support Groups:
 - Russian Women Support Group
- Specialty Clinics:
 - Family Planning Clinic
 - Diabetes Clinic



Health Worker Roles in Community Settings

- Development and implementation of culturally appropriate programs and services outside of the clinic setting to promote health among entire community.
- Provide critical linkages to the community
- Identify community assets and strengths as well as needs
- Determine best ways to approach and involve community



Health Worker Roles in Community Settings

- Providing Linguistically and Culturally-Appropriate Services, including:
 - Group workshops & activity groups
 - Co-facilitating support groups
 - Developing culturally appropriate materials
 - Mentoring community health volunteers
 - Conducting outreach



Community-Based Projects - Examples

- Let's Be Healthy! Project – chronic disease prevention and management for Russian-speakers
- SUNSET Russian Tobacco Education Project
- Bosnian Community Wellness Project
- SARS & Beyond Project



An Example-SUNSET Russian Tobacco Education Project

- Comprehensive tobacco education, cessation and awareness project for Russian-speaking newcomers in San Francisco
- Components include:
 - Community education campaign
 - Workshops on secondhand smoke and quitting smoking
 - Materials on secondhand smoke and quitting smoking
 - Policy level work for long-term change



Health Worker Roles in SUNSET Project

- Creating culturally appropriate approaches to reach the community
 - Awareness first, then policy
 - Pledge sheets approach
- Developing the advisory committee and links to key informants



Bus Advertisement Created by SUNSET Health Workers



An Example - Bosnian Community Wellness Project

- Comprehensive 8 year well-being project for Bosnian refugees in San Francisco
- Components included:
 - Leadership development
 - Social support
 - Health education
 - Referrals and support



BCWP: Unique Health Worker Roles

- ⊕ Vision of social support groups – from group meetings to field trips
- ⊕ Project Evaluation – from testing to discussing



An Example - SARS and Beyond Project

- ⊕ An innovative project between state and local government working with the community in response to a worldwide health issue that included culturally appropriate education and community-wide information dissemination
- ⊕ Major success due to linkages provided by and input given from health workers



SARS Project: Health Worker Roles

- ✦ Critical role in expansion from SARS to SARS & beyond messages
- ✦ Creating linkages to community
- ✦ Culturally appropriate message development



Program Success through Health Workers

- ✦ Referral opportunities to/from clinical services and community-based services
- ✦ Providing lead roles for health workers in various project settings
- ✦ Vision of health = overall well-being – not just absence of disease in clinic settings
- ✦ Referrals not just to specialty clinics, but also to community services
- ✦ Linking community members and patients into project through health workers



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Health Assessments to Healthier Communities

Carolyn Lynch, MS, RN & Mina Lai, MPH
California Department of Health Services
Refugee Health Section



CDHS/RHS

- Program background
 - Holistic approach
- Comprehensive physical examination
 - Chronic disease
 - Communicable disease
- Refugee Health Electronic Information System
- Collaboration and partnerships





Collaboration and Partnerships

- Local networks and partnerships
 - Universities
 - Voluntary agencies
 - Mutual assistance agencies
 - Community-based agencies
 - Community healthcare providers



CDHS/RHS Program Goals

- Improve general health status
- Prevent and control health problems of public health significance
- Improve general health services through:
 - F/U of medical conditions
 - Health education and preventive health services
 - Improve cultural and linguistic competency and eliminate barriers by promoting and facilitating a better understanding of California's access to health care services





Causes of Morbidity in Refugees

- Malnutrition
 - Anemia
 - Protein-energy malnutrition
- Chronic diseases (heart disease, obesity, hypertension, diabetes)
- Hepatitis B & C
- Poor dental health
- Tuberculosis/LTBI
- Intestinal parasites



Lack of Continuity of Healthcare

- Most new arrivals have not received adequate vaccinations
- Refugees with chronic conditions arrive without needed medications
- Few women have had prenatal care
- Chronic health conditions not unlike what is found in U.S. primary care setting
 - One big difference: Uncontrolled conditions due to lack of care in country of origin





Lack of Continuity of Healthcare (cont.)

- Stigma of psychiatric disorder
 - Fear of reprisal
 - Loss of prior community and occupational status
 - Role reversals
 - Exposure to violence



RHEIS

- Statewide web-based data collection of health assessments
- Data can be used to:
 - monitor & evaluate programs
 - guide policy and programming decisions
 - identify health conditions prevalent in certain areas or refugee populations
 - allocate resources for follow-up, prevention, and treatment purposes





Mental/Emotional Issues

Number who reported at least 1 mental/emotional issue	2678	8.2% *
Trouble Sleeping	1254	3.9%
Nervous or Irritable	738	2.3%
Sad or Hopeless	629	1.9%
Bad Dreams	535	1.6%
Tired or Low Energy	495	1.5%
Other	479	1.5%
Trouble Concentrating	363	1.1%
Change In Appetite	269	0.8%
Heart Pounding or Racing	235	0.7%
Feel Like Ending Your Life	79	0.2%
Unable to go on	56	0.2%

(*out of 32,482 who were assessed for mental/emotional issues)



Trauma/Physical Injury

Number who reported at least 1 trauma/physical injury	3067	9.5% *
Experienced Intense Fear	1042	3.2%
Forced To Leave Your Home	977	3.0%
Beaten	890	2.7%
Other Trauma	786	2.4%
Imprisoned	647	2.0%
Tortured	411	1.3%
Observed Family Member Killed	395	1.2%
Observed Family Member Tortured	301	0.9%
Observed Family Member Injured	265	0.8%
Starved	225	0.7%
Isolated	207	0.6%
Injured by Shrapnel	114	0.4%
Sexually Abused	104	0.3%
Injured by Land Mine	35	0.1%

(* out of 32,420 who were assessed for trauma/physical injury)





Ova and Parasite Testing

Number who tested positive for at least 1 parasite	7789	36.2% *
Giardia Lamblia	3207	14.9%
Entamoeba Coli	2075	9.6%
Endolimax Nana	1698	7.9%
Dientamoeba Fragilis	1065	5.0%
Entamoeba Histolytica	406	1.9%
Hymenolepsis Nana	368	1.7%
Entamoeba Hartmani	287	1.3%
Hookworm	275	1.3%
Strongyloides Stercoralis	208	1.0%

(* out of 21,515 who were tested for parasites)



Tuberculosis Clinical Evaluation Results

ATS Classification	Count	%*
Class 0 (No TB exposure, not infected)	3031	24.3%
Class I (TB exposure, not infected)	285	2.3%
Class II (TB infection, no disease) -LTBI	8347	66.8%
Class III (TB, clinically active)	67	0.5%
Class IV (TB, not clinically active) - LTBI	236	1.9%
Pending/inconclusive	532	4.3%

(*out of 12,498 who started TB clinical evaluation)





Most Common Health Conditions



- 47% of refugees who started health assessments reported 1 or more health conditions

Health condition	Count	%*
Dental caries	5705	31.9%
Hypertension	1739	9.7%
Blindness and low vision	1467	8.2%
Obesity	1195	6.7%
Iron deficiency anemia	887	5.0%
Hearing loss	847	4.7%
Eye disorders	728	4.1%
Tobacco use	571	3.2%
Abnormal blood-pressure reading, without diagnosis	412	2.3%
Cardiac murmurs and other cardiac sounds	309	1.7%

(*out of 17,888 who reported 1 or more health conditions)



Disparities Based on Country of Origin



- Russia – Hypertension 20.7%, Obesity 10.5%
- Ukraine – Hypertension 14.1%
- China – Tobacco use 8.7%
- Hmong – Intestinal disease/parasites 19.1%, anemia 13.7%
- Sudan – Abdominal pain 9.9%, stress/adjustment disorders 8.9%
- Iraq – Dental caries 63.8%, blindness/low vision 17.6%, stress/adjustment disorders 9.1%





Cultural Barriers and Solutions

Barriers:

- Lack of acculturation
- Western model vs. ethnomedical model of healthcare

Solutions:

- Resolve conflict with reciprocal negotiation between two systems of behavior and belief
- Dual acculturation
- Merge practice style with organizational style



Key Strategies

- Know your community
- Establish ties to your community
- Communicate!
- Incorporate culturally and linguistically appropriate methods
- Merge needs and align services
- Translate data into action

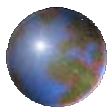


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Health Assessments to Healthier Communities: San Francisco Refugee Health Experience

Newcomers Health Program, San Francisco Dept. of Public Health:
Patricia Erwin, Samira Causevic

April, 2006

Promoting Healthy Aging Among Southeast Asian Americans in California

BY:

Khammany Mathavongsy
California Projects Director
Southeast Asia Resource Action Center (SEARAC)

&

Can Nguyen
Program Coordinator
Seton Senior Center (SSC)



Southeast Asia Resource Action Center



Purpose

- To raise awareness that SEA elders in California still face multiple challenges as they strive to access aging services
- To inform and educate decision makers and aging service providers at the summit to be more responsive to the needs of SEA elderly population
- To share with summit participants creative approaches to address the growing crisis through community partnership, leadership development and policy advocacy

Outline of Presentation

- About SEARAC
- South Asian Demographics in California
- Characteristics and needs of Southeast Asian Elders in California
- What is Healthy Elders Leadership Project (HELP)?
- HELP MAA/FBO partner: Seton Senior Center

About SEARAC

- History & Mission
- Advocacy & Information Sharing
- Multiethnic Collaborations
- Network of MAAs & FBOs
- Washington DC & California Offices

Advocacy & Leadership Development Programs

- National Advocacy Initiative
- Leadership-Advocacy Training
- SE Asian American & Visibility in Education (SAVE)
- SE Asian American Women's Leadership Initiative
- Healthy Elders Leadership Project (HELP)

Capacity Building & Technical Assistance Programs

- Healthy Elders Leadership Project (HELP)
- Project Refugee Organization & Services Enhancement (ROSE)
- Project Serving Organization that Assist Refugee (SOAR)

Southeast Asians in CA

- CA is home to the largest Southeast Asian population in the country.
- 2000 Census:
- 705,382 Southeast Asian in CA
 - Vietnamese (483,676)
 - Cambodian (83,244)
 - Hmong (74,185)
 - Laotian (65,995)

Sources: 2000 Census Data

Counties with largest Southeast Asians

- Counties with more than 10,000 Southeast Asians
 - Orange: 151,673
 - Los Angeles: 129,253
 - Santa Clara: 110,615
 - San Diego: 52,373
 - Sacramento: 49,106
 - Fresno: 39,879
 - Alameda: 34,519
 - San Joaquin: 27,417
 - San Francisco: 14,394
 - San Bernardino: 13,928
 - Contra Costa: 11,179

Source: Southeast Asian American Elders in California: Demographics and Services Priorities Report (2003)

Geographical Distribution (Vietnamese)

- CA counties with the Most Vietnamese
 - Orange County: 141,756
 - Santa Clara: 102, 841
 - Los Angeles: 89,078
 - San Diego: 37,290
 - Alameda: 26,035
 - Sacramento: 18,063
 - San Francisco: 12,856

Source: Southeast Asian American Elders in California: Demographics and Services Priorities Report (2003)

Geographical Distribution (Cambodian)

- CA Counties with Most Cambodian
 - Los Angeles: 35,573
 - San Joaquin: 10,527
 - Santa Clara: 5,443
 - San Diego: 5,373
 - Orange: 5,271
 - Alameda: 4,869

Source: Southeast Asian American Elders in California: Demographics and Services Priorities Report (2003)

Geographical Distribution (Hmong)

- CA Counties with Most Hmong
 - Fresno: 25,639
 - Sacramento: 18,845
 - Merced: 7,180
 - San Joaquin: 6,476
 - Butte: 3,047
 - Yuba: 3,012

Source: Southeast Asian American Elders in California: Demographics and Services Priorities Report (2003)

Geographical Distribution (Laotian)

- CA Counties with Most Laotians
 - Sacramento: 10,865
 - San Diego: 8,256
 - Fresno: 7,180
 - Contra Costa: 4,733
 - Los Angeles: 4,105
 - San Joaquin: 3,714
 - Alameda: 3,615
 - Tulare: 3,429

Source: Southeast Asian American Elders in California: Demographics and Services Priorities Report (2003)

Characteristics of Southeast Asian Elders in CA

- 2000 Census recorded: 80,407 SEA Asian in California aged 55 and over; 37,300 aged 65 and over
- Over 90 percent of SEA elders live in “family households” rather than institutions
- Significantly more likely to be disabled, 72.6 % Hmong, 53.6 % Vietnamese, 68% Cambodian, 63.4% Laotian
- Between 1/5 and 1/3 of Cambodian, Hmong and Laotian elders live in poverty compare to 8 percent of total CA population

Source: Southeast Asian American Elders in California: Demographics and Services Priorities Report (2003)

Southeast Asian Elders in CA

- Have significantly lower income than Californian overall
- Less likely to access Social Security
- High rate of Limited English Proficient --More likely to speak English “not well” or “not at all”

Limited Access to Mainstream Service Providers

- Southeast Asian elders have very limited access to publicly funded program:
 - Language Barriers
 - Cultural Barriers and Lack of Information
 - Fear of Government
 - Transportation

What is HELP? Healthy Elders Leadership Project

- Three-year statewide demonstration project
- Initial funding from The California Endowment
- SEARAC as lead agency to implement the project
- 1st year targeting Northern California with six MAAs/FBOs.

HELP Statewide Partners

- California Health Advocates (CHA)
 - Ensures MAA/FBO partners are able to advocate for their communities to access existing healthcare services and benefits
- National Asian Pacific Center on Aging (NAPCA)
 - Increases & strengthens the knowledge of MAA/FBO partners to provide quality elder services

HELP MAA/FBO Partnering Organizations

- Cambodian Community Development, Inc (CCDI)
- Lao Lu Mien Cultural Association (LIMCA)
- Hmong Women's Heritage Association (HWA)
- Seton Senior Center (SSC)
- United Lu Mien Community, Inc. (UIMC)
- Vietnamese Voluntary Foundation (VIVO)

HELP Goals

- Improve the leadership capacity of MAA/FBO partners
- Improve Aging services capacity of MAA/FBO partners
- Increase access to resources available for elder services
- Expand ability of MAA to effectively address the needs of elder population
- Increase capacity to stimulate civic engagement at local & state levels
- Strengthen collaboration between SEA and Non-SEA organizations in aging policy issues

Overarching Strategies

- To foster systemic changes through
 - Capacity Building
 - Access to Health & Aging Services
 - Health & Public Policy Advocacy
 - Improve Access to Medicare Information & Benefit for elders (new Medicare Part D)

Project Activities

- Support MAA/FBO partners with elders-programming capacity building grant
- Provide training & technical assistance focusing on advocacy & aging services “Best Practices”
- Opening access to publicly funded services to SEA elders & their families through public policy advocacy

Seton Senior Center

- Community-based organization that provides free-of-charge services to primarily Vietnamese refugee seniors living in Alameda County, California.
- Seton Senior Center (formally the Vietnamese Senior Center of the East Bay) was established in 1994 in response to numerous unmet needs of Vietnamese seniors. The center has grown and continues to serve Vietnamese seniors in Alameda County.

Mission

- The mission of the Seton Senior Center is to promote the physical, mental, and spiritual well-being of minority seniors by providing comprehensive services that empower seniors to live a healthy, active and independent life.

Population

- 65 years old and up
- Low income, SSI
- Refugee, political prisoners
- Frequent occurrence of mental health issues
- Low acculturation levels
- Various levels of formal education
- Mistrust of governmental institutions

Facility

- Seton Senior Center provides a warm, welcoming, relaxing, and culturally sensitive facility for our seniors to enjoy. Our staff is dedicated to providing the most culturally sensitive services in English, Chinese, and Vietnamese.



Current Programs

- **Healthy Elders Leadership Project (HELP)**
Provide advocacy for seniors with outreach services and leadership training.
- **The Active Living Seniors Program**
Empowering seniors to live a healthy, active and independent life.
- **The Equal Access for Minorities Program**
Providing information and access assistance to both home bound and mobile seniors.

Senior's Corner



Questions?

SEARAC Contact Information

- Southeast Asia Resource Action Center (SEARAC)

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Session 4 Speaker Handouts

To Tell or Not to Tell: The Dilemma of a Torture Survivor

2006 Refugee Summit: Building Bridges for the Future

College of Continuing Education
California State University, Sacramento
April 28, 2006

Presented By: Kathi Anderson

Executive Director and Co-Founder
Survivors of Torture, International



Nelson Mandela



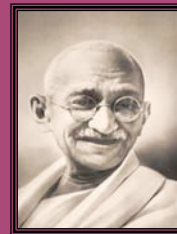
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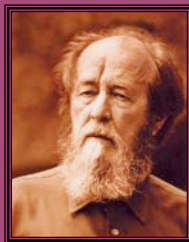
Elie Wiesel



Mohandas K. Gandhi



What do these remarkable people have
in common?



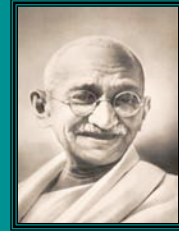
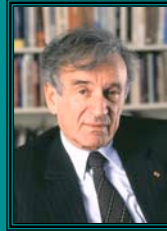
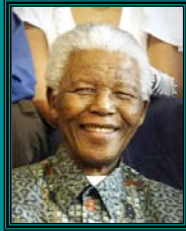
Aleksandr Solzhenitsyn



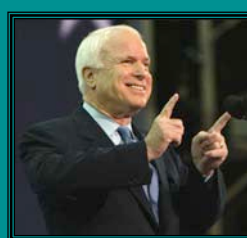
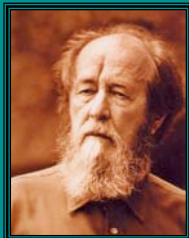
Wangari Muta Maathai



Senator John McCain



They are all survivors of torture.
There *is* hope and healing.



“Perpetrators often attempt to Justify their Acts of Torture and Ill Treatment by the need to gather Information. Such Conceptualizations Obscure the Purpose of Torture.... The Aim of Torture is to Dehumanize the Victim, Break his or her Will, and at the same time, set Horrific Examples for those who come in contact with the Victim. In this way, Torture can Break or Damage the Will and Coherence of Entire Communities.”

From Manual on Treating Torture Survivors (2001)
Published by U.S. NGO Physicians for Human Rights



Definitions of torture are provided by the United Nations, The World Health Organization, and the U.S. Torture Victims Relief Act. See SURVIVORS web site, www.notorture.org for excerpts.



Survivors of torture often experience anxiety, depression and Post-Traumatic Stress Disorder.

Torture drastically affects the survivor's quality of life and ability to function, leading to consequences such as inability to work, family dysfunction, isolation, Substance abuse, homelessness, and even suicide.



“I didn’t realize I was sick. I didn’t know I could be cured. I had no hope. There was nothing else in the world except what had happened to me. I held a Master’s Degree from the London School of Economics and Political Science. I forgot that.”

SURVIVORS’ Client



What makes Torture a Hidden Problem?



➤ Survivors often deny its existence or are reluctant to talk about it because of:

- Fear
- Guilt
- Shame
- Flashbacks

➤ Healthcare professionals sometimes deny torture's existence because they do not know how to face it or treat it.

➤ Torture also remains hidden because the general public is often uncomfortable thinking about it.

Torture survivors are underserved. Why?



- Lack of knowledge and specialized skill among providers
- Limited availability of specialized services
- Language barriers and cultural stigmas in clients or families
- Survivors' lack of awareness about resources
- Mistrust of institutions and medical professionals by survivors
- Survivors don't see themselves having mental health problems
- Financial obstacles
- Effects of trauma on acculturation and functioning

At intake, 61.1% of Survivors' clients indicated they had felt a need for mental health care in the prior year but did not get that help.

An estimated 500,000 torture survivors
live in the United States

There are over 11,000 survivors of
torture in San Diego alone

“I have survived in
this country with the
help and support of
this organization and
especially because of
the people I have met
there.”

SURVIVORS' Client



Survivors of Torture, International exists to:

- Be a healing resource for survivors of torture and their families
- Raise awareness among the general public and educate the professional communities about torture, and
- Be an instrument to end torture

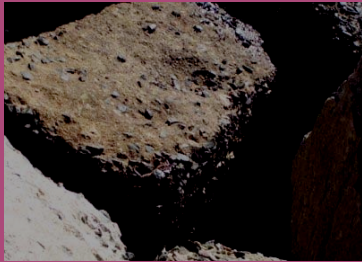
*Building a Community of Healing
for Survivors of Torture*



SURVIVORS' Clients have come from more than 50 Countries, including Albania, Afghanistan, Burundi, Cambodia, Eritrea, Ethiopia, Guatemala, Haiti, Iran, Iraq, Kenya, Mexico, Russia, Somalia, Sri Lanka, Sudan, Uganda, Uzbekistan, Vietnam and Zimbabwe.



Torture survivors have fled their home countries seeking safety and are in the U.S. legally - but if they are asylum seekers they are ineligible for most government-funded health care programs or work permits.



Often they have lost all their economic resources in their escape and are dependent on strangers to survive.

SURVIVORS' Healing Services

- Psychotherapy
- Psychiatry
- Healing Groups
- Case Management
- Psychological Evaluations
- Access to Medical Affidavits
- Access to Health Screenings
- Access to Immigration Attorneys

“Working with a survivor is about working with a possibility despite extreme trauma - helping a person develop and emerge from a cocoon of safety into a new community.”

SURVIVORS' Therapist



Vicarious Traumatization (Secondary Trauma)

- Aware
- Balanced
- Connected

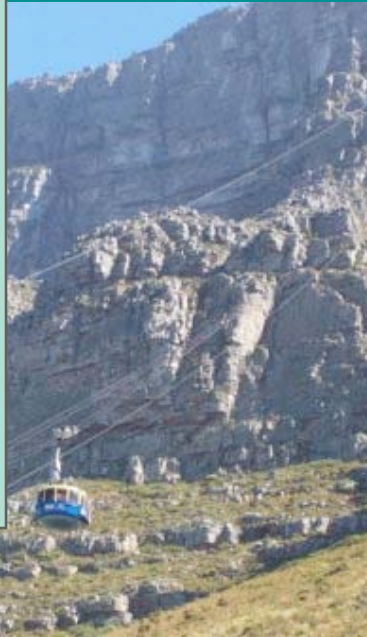


Specialized Torture Treatment Centers Produce Positive Outcomes.

Centers like SURVIVORS have the knowledge and skills to treat the mental health consequences of torture.

Results include:

- Increased participation in education, employment and community activities
- Reduction in homelessness
- Creation or strengthening of supportive relationships with providers and the community
- Access to crisis assistance



The California Consortium of Torture Treatment Centers

- **Center for Justice & Accountability**, San Francisco: <http://www.cja.org>
- **Survivors International**, San Francisco: <http://www.survivorsintl.org>
- **Institute for the Study of Psychopolitical Trauma**, Palo Alto
- **Center for Survivors of Torture, A Program of Asian Americans for Community Involvement (AACI)**, San Jose: <http://www.aaci.org/cst.htm>
- **Program for Torture Victims**, Los Angeles: <http://www.ptvla.org>
- **Doctors of the World**, San Diego: <http://www.doctorsoftheworld.org>
- **Survivors of Torture, International**, San Diego: <http://www.notorture.org>



International Resources

- International Rehabilitation Council for Torture Victims (IRCT): www.irct.org
- National Consortium of Torture Treatment Programs (NCTTP): <http://ncttp.westside.com>
- You!



“It would be nice to be treated
as a human being again.
SURVIVORS does.
Thanks.”

SURVIVORS' Client



For More Information

Please visit SURVIVORS' web site at
www.notorture.org.

Survivors of Torture, International
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Building a community of healing for survivors of torture.



"Bringing human rights abusers to justice."

To Tell or Not to Tell: The Dilemma of a Torture Survivor
2006 Refugee Summit
April 28, 2006

Pamela Merchant, Executive Director
The Center for Justice and Accountability, San Francisco, CA

I THE CENTER FOR JUSTICE AND ACCOUNTABILITY

The Center for Justice & Accountability (CJA) works to deter torture and other severe human rights abuses around the world by helping survivors hold their persecutors accountable. CJA tracks down human rights abusers in the United States and abroad and pursues a variety of legal options against them, including civil suits in U.S. courts. CJA has pioneered an integrated approach to the quest for justice that combines legal representation with referrals for needed medical and psychosocial services, and outreach to schools, community organizations and the general public.

CJA was founded in 1998 by a San Francisco-based therapist, Gerald Gray, who has spent most of his professional life treating torture survivors. Gray was inspired to start CJA because a patient of his, a Bosnian torture and concentration camp survivor, was experiencing additional trauma in the United States after he discovered that his torturer was living in the same community in the San Francisco Bay Area. Gray felt that there should be some way to hold the torturer accountable for the acts that he committed in Bosnia against Gray's client. The idea behind CJA was to use the tools of civil litigation to help torture survivors gain accountability against their persecutors and as a therapeutic aid to the healing and recovery process. CJA was initially launched with funds from Amnesty International and the United Nations Fund for Victims of Torture.

The U.S. has become a safe haven for human rights abusers who committed, ordered, participated in, or had command responsibility for torture and other atrocities in their home countries. Hundreds live in this country, and hundreds more are believed to visit each year. More than 500,000 refugees in the U.S. were victims of torture in their home countries. Many of those who have information that their tormentors live in, or travel freely to, the U.S. are further traumatized by their inability to seek justice.

CJA sues human rights abusers who live in or visit the United States, and set precedents and disseminate information that can help bring other perpetrators to justice. We also help refugees who survived torture or whose family members were killed to break the silence that enables abusers to live with impunity, find meaning in their survival and gain hope in the possibility of justice. We also educate the public about the need to hold human rights abusers accountable and work with policy makers to develop appropriate legislation and policies.

Since CJA was founded we have filed cases involving human rights abusers from Bosnia, Chile, China, El Salvador, Guatemala, Haiti, Honduras, Indonesia, and Somalia. We have many active investigations – including two involving the Middle East. We litigate cases all over the country - from Miami to Memphis to Fresno – and have assisted in three international tribunals and we have one case before the National court in Spain.

II. THERAPEUTIC IMPACT OF PARTICIPATING IN LITIGATION

A. Litigation

CJA's mission is to heal and empower refugees who survived torture or whose family members were killed; in particular, to help them (a) overcome the sense of powerlessness and distrust that prevents many of them from achieving their full potential, professional and personal, (b) find meaning in their survival, and (c) break the silence that enables abusers to live in impunity.

CJA's cases help survivors experience a sense of justice, a sense of meaning in their survival, and a tremendous satisfaction in knowing that they have brought dignity to themselves and the memories of those who were killed or tortured. The cases are a way of setting the historical record straight and not just about *what* happened but also about *who* was responsible. As such, the cases serve as mini-truth commissions.

Plaintiffs, community leaders and therapists have been eloquent in describing the impact of the cases on the healing processes and on helping to repair a community's sense of loss and injustice.

Plaintiffs:

Juan Romagoza, a Salvadoran torture survivor, doctor, and director of a public health center in Washington, DC, stated:

When I testified, a strength came over me. I felt like I was in the prow of a boat and that there were many, many people rowing behind. I felt that if I looked back, I'd weep because I'd see them again: wounded, tortured, raped, naked, torn, bleeding. So, I didn't look back, but I felt their support, their strength, their energy. Being involved in this case, confronting the generals with these terrible facts—that's the best possible therapy a torture survivor could have. ... I wish something like these trials could go on in El Salvador for therapeutic reasons, as well as for justice. Speaking out wouldn't be easy for everyone. Even so, I think it's important. Because with our silence we've tried to solve this trauma, and we just bury our victims and the ones we love deeper inside. ... And the most important facts – who was responsible – that's what we didn't want to say. We would talk about what was happening but not who was responsible. ... We know that there are other Salvadoran torturers living here in the USA, and torturers from other countries.

CJA's clients who have faced their abusers in court say that they felt a tremendous sense of empowerment and satisfaction merely by having been able to bring them to court. As stated by Kemal Mehinovic, one of CJA's Bosnian clients who also testified at the Hague, "In many ways, the CJA case was more satisfying – even though Vukovic [the defendant] was not in jail - because it was *my* case. In the Hague I did not really know what was going on."

Carlos Mauricio, another plaintiff in the cases against the Salvadoran Generals stated, "The opportunity to tell my story to a jury was a crucial part of my overall healing process. How many were able to confront generals Garcia and Vides Casanova? *Very few*. They couldn't because they were killed under torture or were scared for their lives. CJA's case gave me the opportunity to speak out not only for myself, but for the thousands of Salvadoran torture survivors still alive today." Mauricio went on to found the Stop Impunity Project to continue to bring visibility to these issues.

Community Leaders:

Maria Julia Hernandez, Director of the Legal Aid Office of the Archdiocese of El Salvador, stated:

I have worked for 20 years to achieve justice for the victims of the war in El Salvador. The process and the verdict in this case [against the generals] is an accomplishment in a long and most difficult fight, the fight against impunity It is a case in which all the victims of El Salvador who have not been able to be plaintiffs emerged and were represented by these brothers and this sister. When I attended the first days of the trial I felt that for the first time a real trial was happening. Such administration of justice is what we have always hoped to realize in El Salvador. Now each of us has been touched in a way that inspires us to continue on this road, guided by our brothers and sisters who suffered, survivors of torture, to be able to carry that hope for justice to all of the other victims.

Therapists:¹

Dr. Mary Fabri, Director of the Marjorie Kovler Center for the Treatment of Torture Survivors in Chicago, wrote as follows:

Impunity for human rights atrocities contributes to the ongoing state of fear that survivors live with day to day. The unpunished crimes of the perpetrators continue to violate survivors' personal sense of integrity and freedom. . . . This legal recourse [the ATCA] presents the opportunity for torture survivors living in the U.S. to seek justice and confront impunity. The few who are able to take their cases to court create a collective voice for all torture victims, bringing the issue of human rights

¹ Jamie O'Connell, Harvard Clinical Advocacy Fellow, has written a lengthy article which attempts to assemble and analyze evidence of the impact of criminal and civil trial of perpetrators of brutal human rights violations on victims. *Gambling with the Psyche: Does Prosecuting Human Rights Violators Console Their Victims?* Vol. 26, No. 2, Summer 2005, Harvard International Law Journal.

atrocities into the public eye. This opportunity also presents a means for psychological healing of torture's wounds by breaking the silence, confronting perpetrators and refuting impunity.

B. Helping torture survivors tell their stories

Helping our clients talk with other torture survivors, refugee communities, and the general public serves several goals. These speaking opportunities (a) enable them to “recover their voices” that had been silenced by the torture experience, (b) reduce their survivor's guilt by enabling them to publicly honor the memories of those who were killed; (c) serve to empower other torture survivors, through their identification with our clients experiences, and (d) educate the U.S. public about the realities of torture and thereby help increase demand to condemn torture unequivocally.

CJA organizes numerous outreach events and speaking opportunities for our clients each year. CJA and our clients have also worked with Facing History and Ourselves to develop curricula for middle and high school students on the theme of accountability for human rights abuses, and, in particular, the ways in which accountability mechanisms have helped to break the cycle of violence in various countries.

C. Psychosocial and therapeutic partnerships

CJA is a member of the National Consortium of Torture Treatment Programs (NCTTP), a group comprised of 31 torture treatment programs throughout the U.S. and launched by the Center for Victims of Torture in Minneapolis. This network helps to provide our clients with any needed psychosocial and medical services, refers survivors to CJA who might need legal services, and provides forums for our clients to talk to other survivors. Member organizations share knowledge and expertise through regular communication and cooperation, building stronger individual organizations as well as a stronger network of care. CJA is also part of the California Consortium of Torture Treatment Centers. CJA staff attends clinician meetings and conferences in order to better understand the therapeutic challenges of working with survivors and share legal strategy ideas that can contribute to the healing process.

Since 2001, CJA has formally partnered and sub-granted funds to the Marjorie Kovler Center for the Treatment of Torture Survivors in Chicago to coordinate psychosocial services for our clients. As part of this arrangement, the Kovler Center has arranged for therapists to accompany our clients to trial and do group work with them while there. The Kovler staff also locates and train therapists for clients in regions of the U.S. not served by other torture treatment centers.

Kolver director Dr. Mary Fabri – a torture treatment therapist with a deep interest in the effects of impunity on victim populations – has conducted pre-trial interviews with ten of our clients (three Hondurans, three Haitians, four Salvadorans) and post-trial interviews with eight clients (four Chileans, two Salvadorans, and two Bosnians). The interviews were the first step in developing training materials for torture treatment professionals, assessing

the effects of trials on trauma-related psychological symptoms and overall well-being, and gaining insights into the interaction between CJA's attorneys and their clients in order to help attorneys establish trust and effectively prepare plaintiffs for trial.

CJA founder, current Board member, and leading torture treatment therapist Gerald Grey recently launched the Institute for Redress and Recovery at Santa Clara University. The Institute evolved out of the observation that translators, lawyers, and clinicians who work for a prolonged period of time with victim populations often show signs of "secondary trauma." This is particularly true of those who work at or around human rights trials and tribunals like the International Criminal Tribunal for the former Yugoslavia. CJA, as a group of attorneys that interacts regularly with survivors, will be a test case for developing a training and treatment module that will be eventually applied to other organizations and tribunals.

III CRITERIA CJA REQUIRES FOR LEGAL ACTION AGAINST HUMAN RIGHTS ABUSERS

Anyone who has been a victim of torture or other grave human rights abuse in another country, or who is a close relative of someone who was killed under circumstances that constitute a human rights violation (described below), may be able to bring a successful lawsuit in U.S. federal court against a person responsible for those abuses if that person lives in or visits the United States.

This following describes (a) the information CJA needs in order to bring a successful lawsuit, and (b) other matters for a survivor to consider, such as the possibility of intimidation or retraumatization if she or he becomes involved in such a lawsuit.

A. The Legal Basis

The cases that CJA brings in U.S. courts are civil lawsuits. They are not criminal prosecutions and they will not result in jail time for the defendant. The U.S. laws that permit these suits are the Alien Tort Claims Act of 1789 (ATCA), also called the Alien Tort Statute (ATS), and the Torture Victim Protection Act of 1991 (TVPA). The TVPA allows U.S. citizens and non-citizens alike to sue for torture and summary execution. The ATCA allows non-U.S. citizens to sue for these and other violations of international law, including prolonged arbitrary detention, war crimes, crimes against humanity and genocide. (See below for a list of violations.) This is one of the few areas of the law where non-U.S. citizens have broader rights than U.S. citizens.

B. The Defendant: A Perpetrator or Organization Present in the United States

An individual may be sued under these laws if (a) he or she is directly or indirectly responsible for human rights violations committed against the plaintiffs, (b) he or she lives in or visits the United States, and (c) he or she is personally served with the lawsuit while in the United States.

Who can be sued?

1. **U.S. Resident Defendants:** CJA generally prefers to bring cases against perpetrators who now live in the United States. Reasons for this include the following:
 - Defendants who do not live in the U.S. often do not defend themselves and are willing to accept a default judgment against them. The survivor thus may not have the opportunity to confront the defendant in court.
 - A defendant who does not live in the U.S. may not have assets here. U.S. courts can enforce judgments only if the defendant has assets in the U.S. The courts of another country are unlikely to enforce a U.S. judgment unless the country has a treaty with the U.S. concerning enforcement of court decisions.
2. **Visiting Perpetrators:** CJA will consider filing cases in appropriate circumstances against perpetrators who are visiting the U.S., if for instance:
 - the perpetrator is responsible for widespread or particularly egregious human rights violations, or
 - refugees in the U.S. have a strong interest in the suit, and
 - the case will likely have a substantial positive impact in the defendant's home country in promoting human rights.

In deciding whether or not a case will have a substantial positive impact, CJA consults with trusted lawyers and human rights activists in the defendant's home country and in the U.S. This consultation must necessarily be confidential so as not to alert the potential defendant to our interest. For example, CJA decided not to bring a case against former President of Kenya Daniel arap Moi, when he visited the U.S. in 2005, after determining that cases initiated against Moi in Kenya were preceding without any unusual degree of interference. Under these circumstances, the Kenyan media would likely portray any case in the U.S. as an instance of arrogant interference, a charge that would be difficult to defeat in popular opinion.

What is the theory of liability?

Direct or Indirect Responsibility: The perpetrator may have direct responsibility for the torture or other human rights violation, that is, he (or she) may have committed, assisted, or ordered others to commit the violation. However, the perpetrator does not *have* to be the person who physically committed the human rights violation. A person may be held liable if he (or she) was:

- a member of a conspiracy to commit human rights violations (for instance, a death squad may constitute a conspiracy to commit murder), or
- a military or civilian official who tolerated or failed to prevent abuses by subordinates.

The latter theory, known as “command responsibility,” requires that we prove the following three facts by a preponderance of the evidence: (a) the direct perpetrators of the unlawful acts were subordinates of the commander, over whom the commander had “effective control”; (b) the commander knew or should have known that his subordinates were committing, had committed, or were about to commit abuses; and (c) the commander failed to take steps to prevent or punish such abuses.

What limitations apply?

1. An Official or a Person “Acting in an Official Capacity” or under “Color of Law

In order to sue for most violations (other than genocide, crimes against humanity, war crimes and slavery-like practices), the violations must have been committed by a government official or a member of the security forces (the military, police, etc.), or by a person acting on behalf of, or together with, such authorities. For instance, in one case, the defendant was found liable for acts of torture that he committed while he was the head of a “neighborhood association”. The plaintiffs demonstrated at trial that the “association” was actually an arm of the government’s security apparatus. However, if the association had not had these connections to the government, then the acts of abuse would be considered a common crime (for instance, aggravated battery, rape or attempted murder) as opposed to torture.

2. Heads of State and Diplomats:

The perpetrator can occupy any level of official authority, except that he or she cannot be a current “head of state” (president, king or prime minister), a foreign minister, or an official with diplomatic immunity. Within the U.S., sitting ambassadors and consuls are immune, and officials designated by the State Department (about 3,000 officials are currently on the “diplomatic immunity” list). Officials who do not have immunity by virtue of their position may acquire “functional” immunity if they visit the U.S. in order to participate in meetings of the United Nations or other intergovernmental organization, or meet with U.S. officials.

Heads of state and other officials are subject to civil lawsuits after they leave office even for human rights abuses that they committed while in office, so long as the state does not assert sovereign immunity on their behalf and so long as the abuses could not fall within their legitimate official duties. For instance, ex-President Marcos of the Philippines was held civilly liable in the mid-1990s for human rights abuses he committed while in office, including torture, summary execution and disappearance.

3. U.S. Government Officials:

Courts generally have rejected cases against U.S. officials for complicity in human rights violations abroad. The most recent decision was in a case against Henry Kissinger and Richard Helms by the family of General René Schneider, Commander-in-Chief of the Chilean Army, who was assassinated in 1970 by *coup* plotters with the assistance of the

National Security Agency and CIA. The case was dismissed on grounds that U.S. officials have “sovereign immunity” if the U.S. government certifies that they were acting within the scope of their employment, as the U.S. Government did in this case; and that the case raised “political questions” better decided by Congress or the Executive Branch. At least one case against a private contractor that worked together with the U.S. government has been upheld – for mistreatment of non-U.S. citizens detained in a private detention center. In 2004, the Center for Constitutional Rights brought a lawsuit against CACI and Titan, two companies that had been contracted by the Pentagon to supervise and interrogate prisoners in the Abu Ghraib prison.

4. Corporations:

Suits can be brought against corporations for involvement in human rights violations abroad, so long as the corporation had sufficient contacts with the U.S., and either (a) engaged in, or directly assisted, abuses that do not require state action (namely, genocide, crimes against humanity, war crimes and slavery-like practices), or (b) provided “knowing, practical assistance or encouragement that has a substantial effect on the perpetration of the crime” to a government or government entity (such as the military) that committed, human rights abuses. The courts are still disputing this standard, and considering what must be shown to prove “assistance,” but liability clearly requires more than mere knowledge of the abuses, even if the corporation directly benefited from those abuses.

A major case on behalf of Burmese villagers was settled (in March 2005) against the Unocal Corporation, for abuses committed by military troops, where Unocal was in a joint venture with the Burmese government, knew that the military was committing abuses to force the village men to work on the gas pipeline, took no steps to stop the abuses, and benefited directly from the cheap labor. There are a number of suits currently underway against other corporations, including Chevron and Royal Dutch/Shell (for violations in Nigeria), Exxon/Mobil (for violations in Aceh, Indonesia), Talisman, a Canadian company (for violations in south Sudan), and Coca-Cola and Drummond Coal (for violations in Colombia). The main organizations working on such lawsuits are the Center for Constitutional Rights, www.ccr-ny.org; Earth Rights International, www.earthrights.org; and the International Labor Rights Fund, www.laborrights.org.

C. The Violations: Torture, Extrajudicial Killing, and Other Grave Human Rights Abuses

The ATCA and TVPA permit suits to be brought only for the most serious types of human rights violations. As explained above, the violations generally must have been committed by a government or military official or a person acting in an “official capacity.”

Torture Victims Protection Act:

Survivors who are United States citizens may only bring suit for two violations under the TVPA.

- Torture – “Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person ... when such pain or suffering is inflicted by, or at the instigation of, or with the consent or acquiescence of, a public official or other person acting in an official capacity.”
- Extrajudicial Killing – a deliberate killing not authorized by a court which affords due process protections.

Alien Torts Claim Act:

Non-U.S. citizens may bring suit under the TVPA, and also may sue under the ATCA for a wider range of violations. The Supreme Court recently upheld the ATCA, but limited its application to norms of international law which are “specific, universal and obligatory.” See *Sosa v. Alvarez-Machain*, 124 S.Ct. 2739 (2004). Those violations (if committed by an official or a person acting in an official capacity) include:

- Torture – more broadly defined than in the TVPA to include “any act by which severe pain or suffering, whether physical or mental, is inflicted...”
- Extrajudicial killing – as defined in the TVPA.
- Disappearance – An abduction by state officials or their agents, followed by an official refusal to acknowledge the abduction or to disclose the fate of the person abducted.
- Cruel, Inhuman or Degrading Treatment – If this crime is to be upheld as actionable following the Supreme Court’s decision in *Sosa*, above, it will likely be limited to acts that would be considered “cruel and unusual punishment” under the U.S. Constitution.
- Prolonged, Arbitrary Detention.

The ATCA also covers the following crimes, which do not require that the defendant be an official or a person acting in an official capacity:

- Crimes Against Humanity – Torture, murder, disappearance, arbitrary detention or persecution when committed as part of a widespread or systematic attack against a civilian population.
- Genocide – a crime against humanity committed with intent to destroy, in whole or in part, a national, ethnic, racial or religious group.
- War Crime – grave breach of the Geneva Conventions of 1949 and other serious violations of the laws of war – including murder, mutilation, torture, rape, cruel treatment and the taking of hostages – committed in the course of an international or an internal armed conflict.
- Slavery and slavery-like practices, including forced labor.

D. Statute of Limitations

Courts usually will not allow cases to go forward that involve incidents that occurred many years earlier. Generally, the violations must either: have occurred within the last 10 years;

OR there must be circumstances that excuse the victims for failing to bring suit within the last 10 years. These might include that:

- the perpetrator only came to the United States within the past 10 years;
- the survivor or relative could not reasonably have discovered that the perpetrator was in the United States until within the past 10 years;
- the bodies of victims were concealed until within the past 10 years;
- conditions in the home country were such that the survivor had a well-founded fear of harm if she or she filed a lawsuit; or
- the survivor or relative could not reasonably have discovered that the defendant was responsible for the violations until the last 10 years.

E. Issues of Security and Publicity

Security:

CJA can file a case without identifying the plaintiffs' names. If the perpetrator refuses or fails to appear in the case, CJA may be able to preserve the plaintiffs' anonymity throughout the case. However, if the perpetrator defends himself, the plaintiffs will need to disclose their names to him (or her), or else may need to drop out of the case at that time. If there is a trial, the public will be entitled to attend and, thus, the identities of the plaintiffs could become public knowledge.

Media Attention:

The media are often interested in these cases. It is up to the plaintiffs to decide whether they want to speak with the media or at public events. If they want to, CJA is happy to help plaintiffs make arrangements, and to provide guidance. However, plaintiffs are never required to speak with the media if they do not wish to do so.

IV. THE GOALS OF AN ATCA / TVPA LAWSUIT

The human rights cases that CJA brings are civil suits as opposed to criminal actions. (Only the government can bring a criminal action in the United States.) Civil suits result in an award of money damages for the plaintiff. Plaintiffs and attorneys have had a difficult time enforcing these judgments in the past, either because (a) the defendant does not have assets, or (b) the defendant has assets but has "hidden" them.

A. More Important than Money...

Plaintiffs have made clear that these cases are important for reasons other than money. First, many survivors want to seek justice, and to help put an end to the culture of impunity that exists in their home country.

Second, these cases give plaintiffs the opportunity to tell their stories and the stories of people who were killed or who are unable to speak out for other reasons. For instance,

others may not be able to speak out because it could endanger them or their family, they do not want to talk about what happened, an amnesty law prevents cases in their home country, or they do not live in a country where they have the opportunity to pursue such cases. Bringing these cases has had a powerful impact on several clients who have been looking for a way to give some meaning to their pain and the fact that they survived. Speaking truth to power – especially in a court of law – can be tremendously empowering.

Third, these cases can serve as a measure of punishment, even though the punishment is in no way equal with the severity of the crimes. Often the perpetrator's neighbors and even family members are not aware of what he (or she) has done, or they are able to deny accusations as "mere rumors". These cases expose what the perpetrators have done in a court of law where the perpetrators are given every opportunity to refute the evidence. CJA also works closely with immigration authorities to place human rights abusers in deportation proceedings.

B. An End to Impunity...

These cases can send a powerful message to officials, soldiers, death squad members and others around the world that, if they commit atrocities, they will not be able to visit or live in the U.S. with impunity. They will know that someone may recognize them and bring them to justice. A surprising number of survivors have told us that they consider this to be a substantial penalty because the wealthy and powerful in their countries look forward to visiting the U.S. for tourism, medical reasons, retirement or to send their children to school. These cases send a message to such people - who thought they were above the law - that they are not above the law in this country. Moreover, the deterrent potential of such cases will grow over time as more and more of these cases are brought in the U.S. and around the world.

Finally, it is important to note that the establishment of the International Criminal Court does not reduce the need for or importance of these cases. The ICC has several limitations: it will have limited resources; it will be limited to pursuing the top level offenders; it will not be able to examine crimes committed before July 2002; and it will also be limited by political constraints. The United States is not a party to the ICC, so it is highly unlikely that any perpetrator living in the United States will ever be sent to face trial at the ICC. Cases in national courts will remain important to ensure that offenders can be brought to justice.

For more information on CJA, please visit our website: www.cja.org

PLAINTIFFS IN A CJA LAWSUIT

Do I qualify to be a plaintiff in the case?

If you were tortured or are the parent, child, spouse, brother or sister of someone who was killed, you may be able to join the lawsuit as a “plaintiff”. Being a plaintiff would mean that you are personally accusing the person or organization that we sue (the “defendant”) of being responsible for what happened to you or your relative, and asking the court to require the defendant to pay a money penalty. As a plaintiff, ordinarily your name would be identified on all papers filed with the court, and thus the defendant and the public would be able to know that you are involved. However, as explained below, you may be able to keep your identity secret, if you are concerned for your safety.

Will I get any money if I become a plaintiff?

There is a chance you will be able to recover money as compensation for what happened to you or your relative, although this is unlikely. There have been many cases brought in the United States by people who have been tortured or who lost family members in violence that occurred in other countries. In almost all of these cases, the plaintiffs have not received any money. There are two reasons. First, some cases have been rejected by the courts on legal grounds. Second, we are only entitled to get money from the defendants themselves and the defendants generally do not have any money or property in the United States. If their money is in another country it is very difficult for us to get it.

What are the reasons why I might want to be a plaintiff?

Participating in a case allows you the chance to seek justice and to have a U.S. court hold accountable people who were responsible for the abuse you or your relative suffered. The case can help establish an historical record of responsibility for terrible human rights atrocities. After we file a case, we make efforts to publicize the case to send a message that perpetrators can be held accountable, and to provide hope to those who have suffered. A victory will establish important legal precedent for future cases against human rights violators.

If we sue a person, will that person be arrested?

No, at least not directly as a result of the civil lawsuit. We do not have the ability to put the perpetrator in jail; only government prosecutors can bring criminal charges against the perpetrator. Moreover, for most crimes committed abroad to be subject to criminal prosecution in the United States, the defendant or the victim must be a U.S. citizen. However, if we win the lawsuit, it is possible that the U.S. government will revoke the defendant’s visa and will not allow him to return to the United States.

If we sue a person, will that person be required to attend the trial?

The person who we sue is not *required* to participate in the case. We can only bring a lawsuit against persons visiting or residing in the United States, or against an organization that has offices or agents here. If the defendant is from another country, he will likely return to that country and not defend the case in the United States. In this situation, we would ask the court to rule in our favor. The court would likely do this, and then hold a hearing to determine the penalty to be assessed against the defendant. This penalty will be a certain amount of money. However, recovering the money from the defendant in this circumstance will be extremely difficult to do.

If I decide to become a plaintiff, what will I have to do?

If you decide to become a plaintiff, lawyers working on the case will ask for your help in obtaining information and documents that can be used in court to show what happened to you or your relative. You may be asked to help the lawyers locate and talk to witnesses. The lawyers will need to discuss important decisions in the case with you.

If the defendant does not participate in the case, the court will hold a hearing to assess a money penalty against the defendant. All plaintiffs should be present at this hearing, although on occasion we have arranged for plaintiffs to be available by telephone. If you want to attend the hearing in person, we (or one of the other organizations involved) will pay for your travel, housing and all related costs. Before the hearing, lawyers will talk with you to ensure that you are prepared to answer questions.

If the defendant does participate in the case and hires a lawyer you may have to respond to written questions from the defendant. You may also have to provide testimony at a deposition. A deposition is a proceeding in which the defendant's lawyer and our lawyers have the chance to ask you questions about the case. The deposition can take place in your country near where you live. You will also need to attend the trial in the United States. We will pay for you to travel to the United States and for housing accommodations while here. It is likely that you will have to give testimony in court at the trial. This means that you will have to answer questions from one of our lawyers and from the defendant's lawyer in front of the judge and jury. The defendant may be present at the trial. We will work with you before the trial to prepare you for everything that might happen.

How long will the case take?

It is important to realize that this case will take a long time to reach a conclusion. We probably will not be able to file the case for several more months. Once we file the lawsuit, the length of the process will depend on whether the defendant participates in the case. If he does not, it will likely take one or two years before the case is finished. If the defendant defends himself in the case and it goes to a trial, the process could take three years or longer.

If I become a plaintiff, will everyone know that I am involved in the case?

You will need to consider whether being a plaintiff might jeopardize your security, or that of your family or other persons. If necessary, you can file the case under a pseudonym (John or Jane Doe). However, if the defendant responds to the case, he may request information about the identity of the plaintiffs. We can provide you with another document that explains this process in more detail.

There will likely be significant attention paid to this case in the press and media. As a plaintiff, you would not be required to speak with the press and public.

What other problems might I face if I become a plaintiff?

You should also consider the emotional implications of being a plaintiff. You will have to talk to the lawyers and in court about the terrible things that happened to you or your relative. This is not

easy. Our clients generally have felt that it is worthwhile to talk about the things that happened to them, and to speak out for their families and all those who suffered. However, this is often very difficult to do.

Refugee Communities

A Presentation by
REFUGEE SERVICES

A Department of Catholic Charities, Diocese of San Diego



The Somali Bantu



The Somali Bantu



Who are the Somali Bantu?

- The largest processed group (12,000 to 15,000) from Africa
- One of the world's most vulnerable refugee populations
- Very limited educational background
- Preliterate
- Few "marketable" skills
- No anchor relatives
- Huge cultural gap

[African Refugee NETWORK, Vol. 14, No. 6 Resettling Somali Bantu Refugees in the United States, p. 11.]

History

- Ancestry
- 18th and 19th centuries
- Lack of blood ties
- Geography
- Late 19th century
- Physical characteristics
- 20th century conditions
- Civil War of 1991
- Exile
- Dadaab Refugee Camp



[Somali Bantu – *Their History and Culture: Culture Profile 2002*, Lehman, Dan Van and Eno, Omar.
www.culturalorientation.net/bantu/sbpeop.html]

Profile



- Meet Abdi and his wife, Majuma and their 8 children.
- They arrived on February 27, 2004. He presently is working as assembler with Sony®.
- Within 8 months, Abdi already had purchased an automobile and gotten his driver's license.
- Developed conversational English language skills.

Somali Bantu in San Diego



A total of 393 Somali Bantu (120 cases) have arrived in San Diego between January 2004 and February 2006.

137 arrived through AAA; 127 through IRC; 129 through CCDSD.

- Of the 393 Bantu, 142 are employable adults (64 male and 78 female); most of the rest are children.
- Of the 142 employable adults, 34 have been placed successfully into jobs, (not even 25%) in the first 8 months since their arrival.
- Of all the 393 arrivals to San Diego, the following is the family size breakdown: 48 single cases, 13 families of two, 11 families of three, 10 families of four, 8 families of five, 12 families of six, 13 families of seven, 2 families of eight and 3 families of nine.

Somali Bantu in San Diego



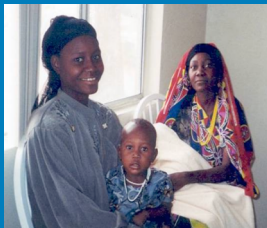
- The large number of Somali Bantu cases (48) with 4 or more children, makes this population especially challenging for employing the moms.
- It has been the experience of CCDSD staff that the Somali Bantu are generally cooperative and good spirited, willing to go to work, but requiring extensive orientation and coaching in the ways of western culture, e.g., how to live in an apartment, provide for the safety and proper hygiene of their children, follow clock time, use modern conveniences, understand and communicate in English, manage the public transportation system, etc.

Resettlement Challenges



- Large family sizes make housing placements difficult.
- Dramatic cultural changes in living environment make housing orientation and understanding of rental responsibilities challenging.
- Bantu are not accustomed to being interviewed and answering questions in a linear, sequential way. Many women are not able to give the exact age of their children, and use weather markers or particular events rather than specific dates to answer questions about dates of birth and other family history. Only after long conversations with many follow-up questions can the appropriate information be determined.

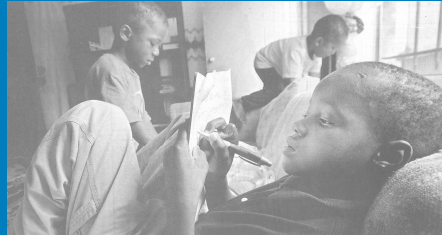
Resettlement Challenges



- Little or no formal education yields low literacy levels also contributing to employment placement challenges.
- High pregnancy rate and certain health care needs related to nutrition are challenges faced by resettlement agencies.

[Resettlement of Somali Bantu Refugees in the U.S. UNHCR Annual Tripartite Consultation on Resettlement Geneva, June 14-15, 2005, www.refugeecouncilusa.org.]

Bantu Characteristics



[LA Times Newspaper, August 21, 2005, *Old Rivalries End in New Land* by Ann M. Simmons]

- Uncommonly open and honest compared to some other groups
- Positive attitude: "Take us to America, we will learn to adapt"
- Positive toward the larger Somali community
- Willing attitude toward employment
- Slow to criticize the system
- Young and family oriented

April 26-28, 2006

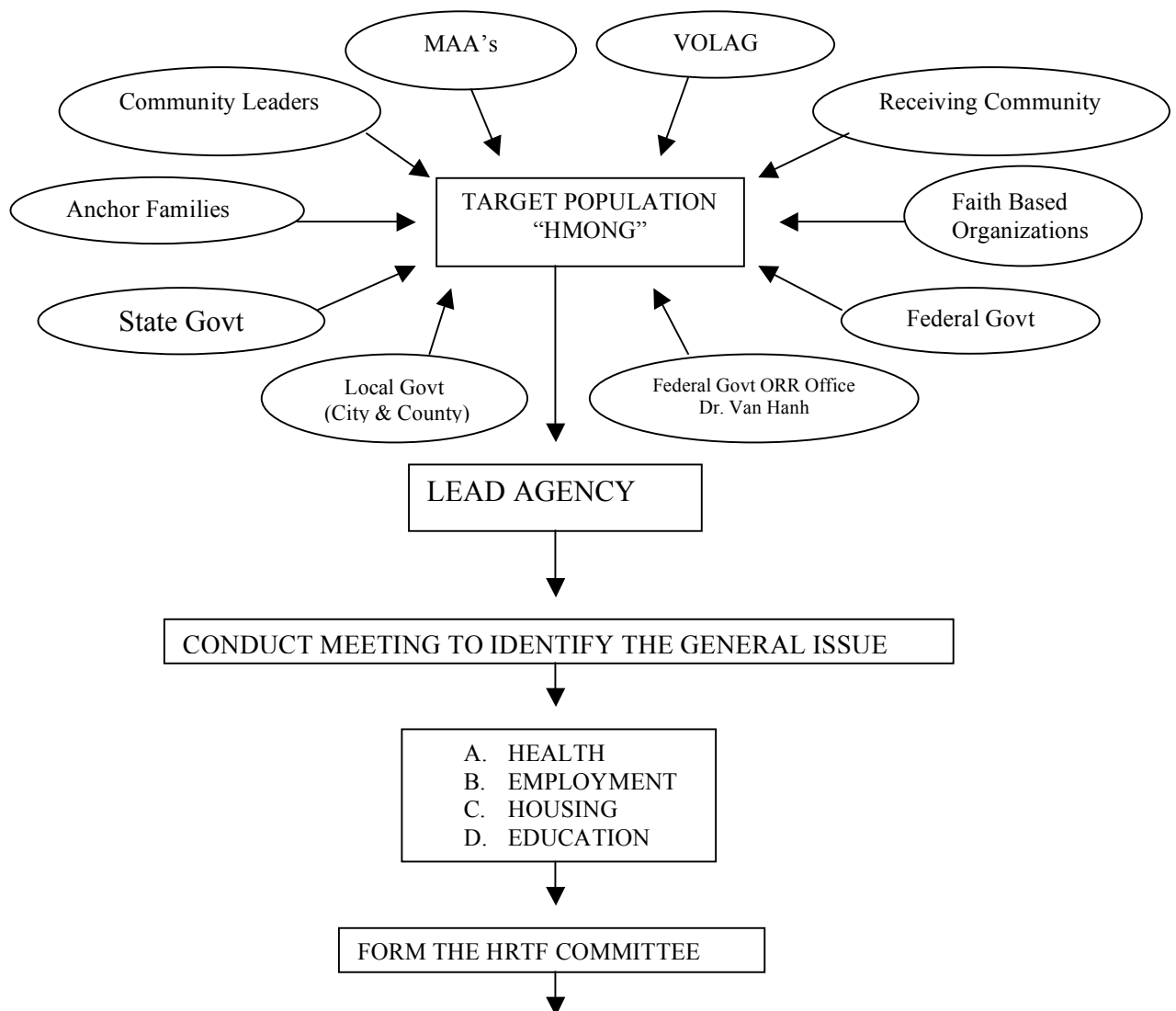
Refugee Summit Presentation

Lue N. Yang, Executive Director, Fresno Center for New Americans

Challenges and Opportunities working with the arriving Hmong refugees from Wat Tham Krabok, Thailand.

This presentation will focus on the initial challenges of working with all partners wanting to assist with the arriving Hmong refugees. These partners included CBOs, MAAs, City, County, State, Federal, FBOs, Community leaders, and anchor families. Each partnership brought unique challenges in communication, collaboration, and resources.

This resettlement also offered an opportunity for the community to bring in past practices of resettlement and service deliveries to meet the current needs of the arriving refugees. Discussion will delve into the creation of the Hmong Resettlement Task Force (HRTF), its goals and mission, and some of the difficulties and success of the HRTF.



- A. MISSION
- B. GOAL & OBJECTIVE
- C. FOLLOW UP / MONTHLY MEETING
- D. NEEDS ASSESSMENT DEVELOPMENTS



PRESENT THE NEEDS ASSESSMENT TO ALL PARTNERS
FOR BETTER UNDERSTANDING OF THE ISSUES



- A. ADVOCATE FOR FUNDING & RESOURCS
- B. IMPLEMENTATION & PROVIDE RESOURCE
REFERRAL SYSTEMS